

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
FORM SPAC
COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission File) 2004 JUL 15 A 12:41		Total pages filed:	
3 COMMITTEE NAME SAN Antonio Fluoridation for Everyone (SAFE)		OFFICE USE ONLY			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6514 Pemmont SAN Antonio, Texas 78240		Date Received	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI CPA HARRIET NICKNAME LAST SUFFIX MARMON-HELMKE		Receipt # Amount	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Frost Bank P.O. Box 1600 100 West Houston ST. SAN Antonio, Texas 78296		Date Processed	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Frost Bank 100 West Houston ST. SAN Antonio, Texas 78296		Date Imaged	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 220-4014			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 1 / 14 / 2004 7 / 14 / 2004			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 07 / 2000			

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

 12 COMMITTEE
 NAME

SAN Antonio Fluoridation for Everyone (SAFE)

 ACCOUNT #
 (Ethics Commission filers)

 13 COMMITTEE
 PURPOSE
 (Attach lists on plain
 paper to complete this
 report if necessary.)

☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☒ SUPPORT
 (Candidate or Measure)

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☐ OPPOSE
 (Candidate or Measure)

BALLOT IDENTIFICATION / #

 ELECTION DATE
 Month Day Year

☐ ASSIST
 (Officeholder)

☒ MEASURE

11 / 07 / 2000

DESCRIPTION

Fluoridation Initiative

 14 CONTRIBUTION
 TOTALS

 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
 PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

 2. TOTAL POLITICAL CONTRIBUTIONS
 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

 EXPENDITURE
 TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

 CONTRIBUTION
 BALANCE

 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
 OF THE REPORTING PERIOD

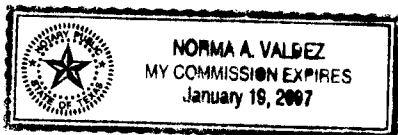
\$ -0-

 OUTSTANDING
 LOAN TOTALS

 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
 LAST DAY OF THE REPORTING PERIOD

\$ -0-

15 AFFIDAVIT


 I swear, or affirm, under penalty of perjury, that the accompanying
 report is true and correct and includes all information required to be
 reported by me under Title 15, Election Code.

Harriet M. Helms

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Harriet M. Helms, this the 14 day
 of July, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath